

CHAPTER 13
 SECTION 9.1
 ADDENDUM 1, SECTION 10

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES -
 FEMALE GENITAL SYSTEM

The number following the procedure code is the TRICARE payment group.

| PROCEDURE CODE | PAYMENT GROUP | DESCRIPTION |
|---|------------------|--|
| ENDOSCOPY - LAPAROSCOPY - HYSTEROSCOPY | | |
| 56300 ¹² | 6 | Laparoscopy, diagnostic (separate procedure) |
| 56301 ¹² | 7 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) |
| 56302 ¹² | 8 | Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring) |
| 56303 ¹² | 9 | Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method |
| 56304 ¹² | 10 | Laparoscopy, surgical; with lysis of adhesions |
| 56305 ¹² | 7 | Laparoscopy, surgical; with biopsy (single or multiple) |
| 56306 ¹² | 6 | Laparoscopy, surgical; with aspiration (single or multiple) |
| 56307 ¹² | 10 | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) |
| 56309 ¹² | 6 | Laparoscopy, surgical; with removal of leiomyomata, subserosal (single or multiple) |
| 56309 ^{5, 12} | 7 | |
| 56316 ^{2, 12} | 6 | Laparoscopy, surgical; repair of initial inguinal hernia |
| 56317 ^{2, 12} | 9 | Laparoscopy, surgical; repair of recurrent inguinal hernia |
| 56343 ^{8, 12} | 7 | Laparoscopy, surgical; with salpingostomy (salpingoneostomy) |
| 56344 ^{8, 12} | 7 | Laparoscopy, surgical; with fimbrioplasty |
| 56350 ¹² | 6 | Hysteroscopy, diagnostic (separate procedure) |
| 56351 ¹² | 2 | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C |
| 56351 ^{5, 12} | 5 | |
| 56352 ¹² | 4 | Hysteroscopy, surgical; with lysis of intrauterine adhesions |
| 56353 ¹² | 4 | Hysteroscopy, surgical; with division or resection of intrauterine septum (any method) |
| 56354 ¹² | 5 | Hysteroscopy, surgical; with removal of leiomyomata |
| 56355 ¹² | 2 | Hysteroscopy, surgical; with removal of impacted foreign body |
| 56356 ¹² | 9 | Hysteroscopy, surgical; with endometrial ablation (any method) |
| 56360 ¹⁰ | 4 | Peritoneoscopy; without biopsy |
| 56361 ¹⁰ | 5 | Peritoneoscopy; with biopsy |
| 56362 ¹² | 5 | Peritoneoscopy with guided transhepatic cholangiography; without biopsy |
| 56363 ¹² | 5 | Peritoneoscopy with guided transhepatic cholangiography; with biopsy |

VULVA, PERINEUM, AND INTROITUS

| PROCEDURE CODE | PAYMENT GROUP | DESCRIPTION |
|---------------------------|------------------|---|
| <u>INCISION</u> | | |
| 56405 | 4 | Incision and drainage of vulva or perineal abscess |
| 56440 | 5 | Marsupialization of Bartholin's gland cyst |
| 56441 ² | 2 | Lysis of labial adhesions |
| <u>DESTRUCTION</u> | | |
| 56515 | 6 | Destruction of lesion(s), vulva; extensive, any method |
| <u>EXCISION</u> | | |
| 56605 | 4 | Biopsy of vulva or perineum (separate procedure); one lesion |
| 56620 | 6 | Vulvectomy, simple; partial (less than 80% of vulvar area) |
| 56625 | 9 | Vulvectomy, simple; complete (skin and subcutaneous tissue) |
| 56700 | 2 | Partial hymenectomy or revision of hymenal ring |
| 56720 | 2 | Hymenotomy, simple incision |
| 56740 | 7 | Excision of Bartholin's gland or cyst |
| <u>REPAIR</u> | | |
| 56800 | 5 | Plastic repair of introitus |
| 56810 | 7 | Perineoplasty, repair of perineum, non-obstetrical (separate procedure) |

VAGINA

| PROCEDURE CODE | PAYMENT GROUP | DESCRIPTION |
|----------------------------|------------------|--|
| <u>INCISION</u> | | |
| 57000 | 2 | Colpotomy; with exploration |
| 57010 | 4 | Colpotomy; with drainage of pelvic abscess |
| 57020 | 4 | Colpocentesis (separate procedure) |
| <u>DESTRUCTION</u> | | |
| 57065 | 6 | Destruction of vaginal lesion(s); extensive, any method |
| <u>EXCISION</u> | | |
| 57105 | 4 | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts) |
| 57130 | 4 | Excision of vaginal septum |
| 57135 | 4 | Excision of vaginal cyst or tumor |
| <u>INTRODUCTION</u> | | |
| 57180 | 2 | Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure) |
| <u>REPAIR</u> | | |
| 57200 | 2 | Colporrhaphy, suture of injury of vagina (nonobstetrical) |
| 57210 | 4 | Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical) |
| 57220 | 5 | Plastic operation on urethral sphincter, vaginal approach (e.g., Kelly urethral plication) |
| 57230 | 5 | Plastic repair of urethrocele |
| 57240 | 7 | Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele |
| 57250 | 7 | Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy |
| 57260 | 7 | Combined anteroposterior colporrhaphy |
| 57265 | 9 | Combined anteroposterior colporrhaphy; with enterocele repair |
| 57268 | 5 | Repair of enterocele, vaginal approach (separate procedure) |

VAGINA (CONTINUED)

| PROCEDURE CODE | PAYMENT GROUP | DESCRIPTION |
|-------------------|------------------|---|
| 57300 | 5 | Closure of rectovaginal fistula; vaginal or transanal approach |
| 57310 | 5 | Closure of urethrovaginal fistula |
| 57311 | 6 | Closure of urethrovaginal fistula; with bulbo cavernosus transplant |
| 57320 | 5 | Closure of vesicovaginal fistula; vaginal approach |

MANIPULATION

| | | |
|-------|---|-------------------------------------|
| 57400 | 4 | Dilation of vagina under anesthesia |
| 57410 | 3 | Pelvic examination under anesthesia |

CERVIX UTERI

| PROCEDURE CODE | PAYMENT GROUP | DESCRIPTION |
|-------------------|------------------|-------------|
|-------------------|------------------|-------------|

EXCISION

| | | |
|--------------------|---|--|
| 57513 | 6 | Cauterization of cervix; laser ablation |
| 57520 | 7 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser |
| 57522 ¹ | 4 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision |
| 57530 | 5 | Trachelectomy (cervicectomy), amputation of cervix (separate procedure) |
| 57550 | 5 | Excision of cervical stump, vaginal approach |

REPAIR

| | | |
|-------|---|---|
| 57700 | 2 | Cerclage of uterine cervix, nonobstetrical |
| 57720 | 5 | Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach |

MANIPULATION

| | | |
|-------|---|---|
| 57800 | 2 | Dilation of cervical canal, instrumental (separate procedure) |
| 57820 | 5 | Dilation and curettage of cervical stump |

CORPUS UTERI

| PROCEDURE CODE | PAYMENT GROUP | DESCRIPTION |
|-------------------|------------------|-------------|
|-------------------|------------------|-------------|

EXCISION

| | | |
|-------|---|--|
| 58120 | 5 | Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) |
| 58145 | 7 | Myomectomy, excision of fibroid tumor of uterus, single or multiple (separate procedure); vaginal approach |

LAPAROSCOPY

| | | |
|---------------------|---|--|
| 58551 ¹³ | 7 | Laparoscopy, surgical; with removal of leiomyomata (single or multiple) |
| 58555 ¹³ | 6 | Hysteroscopy, diagnostic (separate procedure) |
| 58558 ¹³ | 5 | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or with D & C |
| 58559 ¹³ | 4 | Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method) |
| 58560 ¹³ | 4 | Hysteroscopy, surgical; with division or resection of intrauterine septum (any method) |
| 58561 ¹³ | 5 | Hysteroscopy, surgical; with removal of leiomyomata |
| 58562 ¹³ | 2 | Hysteroscopy, surgical; with removal of impacted foreign body |
| 58563 ¹³ | 9 | Hysteroscopy, surgical; with endometrial ablation (any method) |

OVIDUCT

| PROCEDURE CODE | PAYMENT GROUP | DESCRIPTION |
|---------------------|------------------|--|
| INCISION | | |
| 58600 | 7 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral |
| 58615 | 8 | Occlusion of fallopian tube(s) when done at the time of cesarean section or intra-abdominal surgery (not a separate procedure) |
| LAPAROSCOPY | | |
| 58660 ¹³ | 10 | Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure) |
| 58661 ¹³ | 10 | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) |
| 58662 ¹³ | 9 | Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method |
| 58670 ¹³ | 7 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) |
| 58671 ¹³ | 8 | Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring) |
| 58672 ¹³ | 7 | Laparoscopy, surgical; with fimbrioplasty |
| 58673 ¹³ | 7 | Laparoscopy, surgical; with salpingostomy (salpingoneostomy) |

OVARY

| PROCEDURE CODE | PAYMENT GROUP | DESCRIPTION |
|-------------------|------------------|--|
| INCISION | | |
| 58800 | 5 | Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach |
| 58820 | 5 | Drainage of ovarian abscess; vaginal approach |
| EXCISION | | |
| 58900 | 5 | Biopsy of ovary, unilateral or bilateral (separate procedure) |

DELIVERY, ANTEPARTUM, AND POSTPARTUM CARE

| PROCEDURE CODE | PAYMENT GROUP | DESCRIPTION |
|-------------------|------------------|---|
| 59414 | 1 | Delivery of placenta (separate procedure) |

ABORTION

| PROCEDURE CODE | PAYMENT GROUP | DESCRIPTION |
|-------------------|------------------|---|
| 59812 | 5 | Treatment of incomplete abortion, any trimester, completed surgically |
| 59820 | 3 | Treatment of missed abortion, completed surgically; first trimester |
| 59821 | 5 | Treatment of missed abortion, completed surgically; second trimester |
| 59840 | 1 | Induced abortion, by dilation and curettage |
| 59841 | 1 | Induced abortion, by dilation and evacuation |

Except as provided below, all procedures are effective as of November 1, 1994

- 1 Code added for services performed on or after January 1, 1995
- 2 Code added for services performed on or after February 27, 1995
- 3 Code deleted for services performed on or after April 1, 1995
- 4 Code deleted for services performed on or after April 26, 1995
- 5 Payment group changed for services performed on or after February 27, 1995
- 6 Code added October 1995 effective for services performed on or after November 1, 1994
- 7 Code deleted for services performed on or after March 31, 1996
- 8 Code added for services performed on or after January 1, 1996
- 9 Code added for services performed on or after January 1, 1997
- 10 Code deleted for services performed on or after January 1, 1997
- 11 Code added for services performed on or after November 1, 1998
- 12 Code deleted for services performed on or after January 1, 2000
- 13 Code added for services performed on or after January 1, 2000

